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APPLICANTS

Ronald B. Luther, Newport Beach, CA;

Charles W. Dickerson, Tustin, CA;
James I. Wright, Santa Ana, CA;

** CONTINUING DATA *****

This application is a CON of 09/524,039 03/13/2000 ABN *Yes*** FOREIGN APPLICATIONS ***** *No*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **

** 11/17/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 1	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

20995
 KNOBBE MARTENS OLSON & BEAR LLP
 2040 MAIN STREET
 FOURTEENTH FLOOR
 IRVINE , CA
 92614

TITLE

Hard tip over-the-needle intravenous catheter

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